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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 02649/000K220-US0	
Application Number 10/055,197-Conf. #5076	Filed	January 21, 2002	
For METHOD AND SYSTEM FOR COMMUNICATION BACKWARD COMPATIBILITY			
Art Unit 2649	Examiner	J. M. Perilla	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	Fee \$450	Small Entity Fee \$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	Fee \$1020	Small Entity Fee \$510	\$ 510.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	Fee \$1590	Small Entity Fee \$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	Fee \$2160	Small Entity Fee \$1080	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>25,351</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 <u>S. Peter Ludwig</u> Typed or printed name		<u>June 28, 2007</u> Date <u>(212) 527-7770</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			